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Bib Data Sheet

CONFIRMATION NO. 9774

<b>SERIAL NUMBER</b> 10/616,218	<b>FILING OR 371(c) DATE</b> 07/08/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 03398/LH
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## APPLICANTS

Yechiel Gotfried, Kiryat-Bialik, ISRAEL;

\*\* CONTINUING DATA \*\*\*\*\*

NONE *(Signature)*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE *(Signature)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/31/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 77	<b>INDEPENDENT CLAIMS</b> 15
Verified and Acknowledged	Examiner's Signature <i>(Signature)</i> Initials <i>(Signature)</i>				

## ADDRESS

1933

## TITLE

Intramedullary nail system and method for fixation of a fractured bone

<b>FILING FEE RECEIVED</b> 1682	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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